

ENROLLMENT FORM CHILD AND ADULT CARE FOOD PROGRAM

Name of Participant(s)	Date of Birth

Name of Parent/Guardian And/or Client:		
Home Address:		
Home #:	Cell #:	Work #:

Is the participant in full time attendance? _____ yes _____ no

What are the days the participant is normally in care?
_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday

What are the hours the participant regularly spends at the center? _____ am/pm to _____ am/pm
(example—7:30 am. to 4:00 pm.)

What meals is the participant served while at the center?
_____ Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____ Supper _____ Late Night Snack

Do you supply any food to the center for the participant's meals due to medical or religious reasons? If **Yes**, please list food items provided. _____

The CACFP enrollment form is based on the federal fiscal year that begins October 1. The date of enrollment should be 10/1/08 if the participant attends before or by October 1, 2008. After October 1, 2008, list the participant's actual first date of attendance.

Parent/Guardian and/or Client Signature

Date

Determining Official Signature

Date

Participant's Date of Enrollment

If you have any questions about the CACFP and its administration, you may contact Paul McElwain, Division Director, or Denise Hagan, Community Nutrition Branch Manager, at 502/564-5625 or at the following address: Nutrition and Health Services, Kentucky Department of Education, 2545 Lawrenceburg Road, Frankfort, KY 40601.

Note: All other CACFP Enrollment Forms are Obsolete